

**Registration Form for the Center for Advanced Esthetic Training  
Personal Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Session to Attend**

Indicate class and session you plan to attend \_\_\_\_\_

*Please note: Class size is limited to 10 people.*

**Payment**

Full Payment Amount \$295.00

To ensure registration for class session, a non-refundable deposit of \$150.00 is due

2 weeks prior to the session date. Please, no checks on first day of class.

Payment Method - Master Card, Visa, or Cash only.

\_\_\_\_\_ Check enclosed

*(Please make check payable to: Skin Alive Inc.)*

\_\_\_\_\_ Charge my credit card

MasterCard/Visa #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name of cardholder: \_\_\_\_\_

Zip code of card address: \_\_\_\_\_

**Please complete form and mail or FAX to:**

Mequon Thiensville School of Esthetics

11135 N. Wauwatosa Road Mequon, WI 53097

**FAX:** 262-242-3699 Any questions please contact us at (262) 242-3505.

**School Email:** school@mtschoolorfesthetics.com